

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>12-7-00</u>		2 Serial/Patent # <u>09/527026</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			\$ 1128.							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 1128.00								
		8 TO BE REFUNDED BY:								
		Treasury Check								
10 REASON:		Credit Deposit A/C #:								
<input checked="" type="checkbox"/> Overpayment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>0</td><td>2</td><td>--</td><td>4</td><td>8</td><td>0</td><td>0</td> </tr> </table>		0	2	--	4	8	0	0
0	2	--	4	8	0	0				
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
Small Entity										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>P. Brink</u>		TITLE: <u>Legal Coun</u>								
SIGNATURE: <u>P. Brink</u>		PHONE: <u>308-9491</u>								
OFFICE: <u>T3-OIPE</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>12/1/00</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: